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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95  U.S. Department of Commerce Patent and Trademark Office  <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing    OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.97257
	First Named Inventor	Triplet
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BACTERIAL INOCULANTS FOR ENHANCING PLANT GROWTH

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional
60/251,137	12/04/00	

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QBMA01\311101

Additional inventors are being named on supplemental sheet(s) attached hereto

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Shawn	Middle Initial	M.	Family Name	Kaepler	Suffix e.g. Jr.	
Inventor's Signature	<i>Shawn Kaepler</i>					Date	11/29/01
Residence: City	Oregon	State	WI	Country	US	Citizenship	US
Post Office Address	5290 County Highway A						
Post Office Address							
City	Oregon	State	WI	Zip	53575	Country	US
						Applicant	

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Marisa	Middle Initial	K.	Family Name	Chelius	Suffix e.g. Jr.	
Inventor's Signature	Given Name					Date	
Residence: City	Greeley	State	CO	Country	US	Citizenship	US
Post Office Address	1601 Sixth Street						
Post Office Address							
City	Greeley	State	CO	Zip	80631	Country	US
						Applicant	

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant	

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant	

Additional inventors are being named on supplemental sheet(s) attached hereto

RECEIVED 11/29/01

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DECLARATION										ADDITIONAL INVENTOR(S)											
Name of Joint Inventor, if any:										A petition has been filed for this assigned inventor											
First Name	Shawn				Last Name	McKeepler				First Name					Last Name						
Inventor's Signature											Date										
Residence: City	Oregon				State	WI				Country	US				Citizenship	US					
Post Office Address	5290 County Highway A																				
Post Office Address																					
City	Oregon				State	WI				Zip	53575				Country	US					
Name of Joint Inventor, if any:										A petition has been filed for this assigned inventor											
First Name	Marisa				Last Name	Chelius				First Name					Last Name						
Inventor's Signature	<i>Marisa Chelius</i>										Date	11/30/01									
Residence: City	Greeley				State	CO				Country	US				Citizenship	US					
Post Office Address	1801 Sixth Street																				
Post Office Address																					
City	Greeley				State	CO				Zip	80631				Country	US					
Name of Additional Joint Inventor, if any:										A petition has been filed for this assigned inventor											
First Name					Last Name					First Name					Last Name						
Inventor's Signature											Date										
Residence: City					State					Country					Citizenship						
Post Office Address																					
Post Office Address																					
City					State					Zip					Country						
Name of Additional Joint Inventor, if any:										A petition has been filed for this assigned inventor											
First Name					Last Name					First Name					Last Name						
Inventor's Signature											Date										
Residence: City					State					Country					Citizenship						
Post Office Address																					
Post Office Address																					
City					State					Zip					Country						
Additional inventors are being named on supplemental sheet(s) attached hereto																					

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